

☒ Check if this is an amended filing

12/15

Debtor 1

Moses Dolz

First Name

Middle Name

Last Name

1.3. Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property** (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____ →

\$ 0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☒ No

☐ Yes

3.1. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

If you own or have more than one, describe here:

3.2. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

Debtor 1

Moses Dolz

First Name

Middle Name

Last Name

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Case number (if known) 23-70022

3.3. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this is community property** (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?**

\$ _____

\$ _____

3.4. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this is community property** (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?**

\$ _____

\$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories☒ No☐ Yes

4.1. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this is community property** (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?**

\$ _____

\$ _____

If you own or have more than one, list here:

4.2. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this is community property** (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?**

\$ _____

\$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$ 0.00

Debtor 1

Moses Dolz

First Name

Middle Name

Last Name

Document

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Case number (if known)

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Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware☒ No☐ Yes. Describe.....

\$ _____

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☒ No☐ Yes. Describe.....

\$ _____

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....

\$ _____

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....

\$ _____

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....

\$ _____

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe..... personal clothing

\$ 200.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe..... Watch

\$ 100.00

13. Non-farm animals*Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....

\$ _____

14. Any other personal and household items you did not already list, including any health aids you did not list☒ No☐ Yes. Give specific information.

\$ _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$ 300.00

Debtor 1

Moses Dolz

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Case number (if known) 23-70022

First Name

Middle Name

Last Name

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes Cash: \$ 10.00**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

| | | |
|--------------------------------|--------------------|----------------|
| 17.1. Checking account: | <u>Dollar bank</u> | \$ <u>6.00</u> |
| 17.2. Checking account: | _____ | \$ _____ |
| 17.3. Savings account: | _____ | \$ _____ |
| 17.4. Savings account: | _____ | \$ _____ |
| 17.5. Certificates of deposit: | _____ | \$ _____ |
| 17.6. Other financial account: | _____ | \$ _____ |
| 17.7. Other financial account: | _____ | \$ _____ |
| 17.8. Other financial account: | _____ | \$ _____ |
| 17.9. Other financial account: | _____ | \$ _____ |

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes

Institution or issuer name:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

| | | |
|-------|-------------|----------|
| _____ | <u>0%</u> % | \$ _____ |
| _____ | <u>0%</u> % | \$ _____ |
| _____ | <u>0%</u> % | \$ _____ |

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Middle Name

Last Name

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name:

\$ _____
 \$ _____
 \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each

account separately.

Type of account:

Institution name:

401(k) or similar plan: _____

\$ _____

Pension plan: _____

\$ _____

IRA: _____

\$ _____

Retirement account: _____

\$ _____

Keogh: _____

\$ _____

Additional account: _____

\$ _____

Additional account: _____

\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No☒ Yes

Institution name or individual:

Electric: _____

\$ _____

Gas: _____

\$ _____

Heating oil: _____

\$ _____

Security deposit on rental unit: _____

\$ _____

Prepaid rent: _____

\$ _____

Telephone: _____

\$ _____

Water: _____

\$ _____

Rented furniture: _____

\$ _____

Other: Keystone Performance LLC & Bryan Mellinger\$ 6,400.00**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

\$ _____
 \$ _____
 \$ _____

Debtor 1

Moses Dolz

First Name

Middle Name

Last Name

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____ \$ _____

_____ \$ _____

_____ \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them....

\$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them....

\$ _____

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them....

\$ _____

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ 0.00

State: \$ 0.00

Local: \$ 0.00

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....

Alimony: \$ 0.00

Maintenance: \$ 0.00

Support: \$ 0.00

Divorce settlement: \$ 0.00

Property settlement: \$ 0.00

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.....

\$ _____

Debtor 1

Moses Dolz

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Case number (if known) 23-70022

First Name

Middle Name

Last Name

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ _____

\$ _____

\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.....

\$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue☐ No

CHRISTOHER NICHOLAS URBANO 429 FOURTH AVENUE SUITE 1904 , PITTSBURGH, PA, 15219, USA

DEFENDANT ATTY Sharon L Wigle 471 Hill Churches RD, LATROBE, PA, 15650, USA

☒ Yes. Describe each claim.

Keystone Performance LLC/Bryan Mellinger damage & Deposits

\$ _____ unliquidated _____

Debtor maintains possible claims against attorneys Christopher Nicholas Urbano and Sharon L. Wigle for debt/negligence/malpractice, etc. Debtor is

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

presently unable to quantify the amounts.

☐ No☒ Yes. Describe each claim.

Debtor is possibly entitled to indemnification from Keystone Performance LLC, Christopher Nicholas Urbano, and Sharon L. Wigle as to claims by Bryan Mellinger.

\$ _____ unliquidated _____

35. Any financial assets you did not already list☐ No☐ Yes. Give specific information.....

\$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$ 6,416.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe.....

\$ _____

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☒ No☐ Yes. Describe.....

\$ _____

Debtor 1

Moses Dolz

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Case number (if known) 23-70022

First Name

Middle Name

Last Name

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade☒ No☐ Yes. Describe.....

\$

41. Inventory☒ No☐ Yes. Describe.....

\$

42. Interests in partnerships or joint ventures☒ No☐ Yes. Describe.....

Name of entity:

% of ownership:

%

\$

%

\$

%

\$

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.....

\$

44. Any business-related property you did not already list☒ No☐ Yes. Give specific information

\$

\$

\$

\$

\$

\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

\$

0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals*Examples:* Livestock, poultry, farm-raised fish☐ No☐ Yes

\$

Debtor 1

Moses Dolz

Document

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Case number (if known) 23-70022

First Name

Middle Name

Last Name

48. Crops—either growing or harvested

☒ No☐ Yes. Give specific information.

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No☐ Yes

\$ _____

50. Farm and fishing supplies, chemicals, and feed

☒ No☐ Yes

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Give specific information.

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No☐ Yes. Give specific information.

\$ _____

\$ _____

\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2



\$ 0.00

56. Part 2: Total vehicles, line 5

\$ 0.00

57. Part 3: Total personal and household items, line 15

\$ 300.00

58. Part 4: Total financial assets, line 36

\$ 6,416.00

59. Part 5: Total business-related property, line 45

\$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$ 0.00

61. Part 7: Total other property not listed, line 54

+ \$ 0.00

62. Total personal property. Add lines 56 through 61.

\$ 6,716.00

Copy personal property total →

+ \$ 6,716.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 6,716.00

Debtor 1

MOSES DOLZ

Document

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Case number (if known) 23-70002

First Name Middle Name

Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|---|--|---|------------------------------------|
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |

Fill in this information to identify your case:

Debtor 1 MOSES DOLZ
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA

Case number 23-70002
(If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|--|---|
|---|--|---|

2.1

Describe the property that secures the claim:

\$ _____ \$ _____ \$ _____

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

2.2

Describe the property that secures the claim:

\$ _____ \$ _____ \$ _____

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Enter that number here:

\$ 0.00

Debtor 1 **MOSES DOLZ** Case number (if known) **23-70002**
 First Name Middle Name Last Name

| | Additional Page | <i>Column A</i> Amount of claim <small>Do not deduct the value of collateral.</small> | <i>Column B</i> Value of collateral that supports this claim | <i>Column C</i> Unsecured portion <small>If any</small> |
|---|---|--|--|--|
| Part 1: | After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | | | |
| 2 | <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Describe the property that secures the claim: _____ Creditor's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ </div> <div style="width: 65%;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div> Date debt was incurred _____ </div> </div> | \$ _____ | \$ _____ | \$ _____ |
| 3 | <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Describe the property that secures the claim: _____ Creditor's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ </div> <div style="width: 65%;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div> Date debt was incurred _____ </div> </div> | \$ _____ | \$ _____ | \$ _____ |
| 4 | <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Describe the property that secures the claim: _____ Creditor's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ </div> <div style="width: 65%;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div> Date debt was incurred _____ </div> </div> | \$ _____ | \$ _____ | \$ _____ |
| Add the dollar value of your entries in Column A on this page. Enter that number here: | | \$ 0.00 | | |
| If this is the last page of your form, add the dollar value totals from all pages. Enter that number here: | | \$ 0.00 | | |

Debtor 1

MOSES DOLZ

First Name

Middle Name

Last Name

Case number (if known) 23-70002

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _ _ _ _

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _ _ _ _

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _ _ _ _

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _ _ _ _

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _ _ _ _

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _ _ _ _

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|-----------|
| Debtor 1 | MOSES DOLZ | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA | | | |
| Case number (If known) | 23-70022 | | |

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | | Total claim | Priority amount | Nonpriority amount | |
|-----|--|--|-----------------|--------------------|----|
| 2.1 | Domestic support Priority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | \$ 19,000.00 | \$ 19,000.00 | \$ |
| 2.2 | Priority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority amount

Nonpriority amount

Priority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☐ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Priority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☐ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Priority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☐ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|-----|--|---|
| 4.1 | <p>CAPITAL ONE Nonpriority Creditor's Name BOX 71083 Number Street CHARLOTTE NC 28272 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>2 3 8 7</u> When was the debt incurred? <u>01/01/2022</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u></p> <p>\$ <u>1,800.00</u></p> |
| 4.2 | <p>EXACT SCIENCES LABORATORIES Nonpriority Creditor's Name 145 E BADGER ROAD Number Street MADISON WI 53713 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>1 3 1 7</u> When was the debt incurred? <u>11/01/2022</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u></p> <p>\$ <u>681.00</u></p> |
| 4.3 | <p>EXCELA HEALTH Nonpriority Creditor's Name 165 Caprice Ct Unit B Number Street Castle Rock CO 80109 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>3 6 7 1</u> When was the debt incurred? <u>11/01/2022</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u></p> <p>\$ <u>110.00</u></p> |

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

LOWES / SYNCHRONY BANK

Nonpriority Creditor's Name

Box 530914

Number Street

Atlanta

GA

30353

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 5 8 6 8

\$ 1,600.00

When was the debt incurred? 01/01/2022

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

Bryan Mellinger c/o Stewart McArdle Whalen Finoli

Nonpriority Creditor's Name

229 S Maple

Number Street

Greensburg

PA

15601

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number 0 3 1 6

\$

When was the debt incurred? 04/06/2021

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify default judgment-disputed claim

Last 4 digits of account number

\$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | |
|---|---|
| <div>Name</div> <div>Number Street</div> <div>CityStateZIP Code</div> | <div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line ____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</div> <div>Last 4 digits of account number ____</div> |
| <div>Name</div> <div>Number Street</div> <div>CityStateZIP Code</div> | <div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line ____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</div> <div>Last 4 digits of account number ____</div> |
| <div>Name</div> <div>Number Street</div> <div>CityStateZIP Code</div> | <div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line ____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</div> <div>Last 4 digits of account number ____</div> |
| <div>Name</div> <div>Number Street</div> <div>CityStateZIP Code</div> | <div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line ____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</div> <div>Last 4 digits of account number ____</div> |
| <div>Name</div> <div>Number Street</div> <div>CityStateZIP Code</div> | <div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line ____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</div> <div>Last 4 digits of account number ____</div> |
| <div>Name</div> <div>Number Street</div> <div>CityStateZIP Code</div> | <div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line ____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</div> <div>Last 4 digits of account number ____</div> |
| <div>Name</div> <div>Number Street</div> <div>CityStateZIP Code</div> | <div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line ____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</div> <div>Last 4 digits of account number ____</div> |
| <div>Name</div> <div>Number Street</div> <div>CityStateZIP Code</div> | <div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line ____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</div> <div>Last 4 digits of account number ____</div> |
| <div>Name</div> <div>Number Street</div> <div>CityStateZIP Code</div> | <div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line ____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</div> <div>Last 4 digits of account number ____</div> |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim**Total claims from Part 1**

6a. Domestic support obligations

6a. \$ 19,000.00

6b. Taxes and certain other debts you owe the government

6b. \$

6c. Claims for death or personal injury while you were intoxicated

6c. \$

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$

6e. Total. Add lines 6a through 6d.

6e. \$ 19,000.00

Total claim**Total claims from Part 2**

6f. Student loans

6f. \$

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 4,191.00

6j. Total. Add lines 6f through 6i.

6j. \$ 4,191.00

Fill in this information to identify your case:

Debtor MOSES DOLZ
First Name Middle Name Last Name

Debtor 2
(Spouse If filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA

Case number 23-70022
(If known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | State what the contract or lease is for |
|-----|---|---|
| 2.1 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| 2.2 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| 2.3 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| 2.4 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| 2.5 | <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |

Debtor 1

MOSES DOLZ

First Name

Middle Name

Last Name

Case number (if known) 23-70022

Additional Page if You Have More Contracts or Leases

| Person or company with whom you have the contract or lease | What the contract or lease is for |
|--|-----------------------------------|
| <div>2.2</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |

| | | | |
|--|-------------------|-------------|-----------|
| Debtor 1 | <u>MOSES DOLZ</u> | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA | | | |
| Case number | <u>23-70022</u> | | |
| (If known) | | | |

page 1 of

Debtor 1

MOSES DOLZ

First Name

Middle Name

Last Name

Case number (if known) 23-70022

Additional Page to List More Codebtors*Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*

Check all schedules that apply:

3._

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

| | | | |
|--|------------|-------------|-----------|
| Debtor 1 | MOSES DOLZ | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Western District of Pennsylvania | | | |
| Case number | 23-70022 | | |
| (If known) | | | |

☐ An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

12/15

Part 1: Describe Employment

\$ 0.00

Debtor 1

MOSES DOLZ

First Name

Middle Name

Last Name

Case number (if known) 23-70022

| | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|--|-----------------|--------------------------------------|--------------------------------|
| Copy line 4 here..... → 4. | \$ 0.00 | \$ 0.00 | |
| 5. List all payroll deductions: | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ | \$ | |
| 5b. Mandatory contributions for retirement plans | 5b. \$ | \$ | |
| 5c. Voluntary contributions for retirement plans | 5c. \$ | \$ | |
| 5d. Required repayments of retirement fund loans | 5d. \$ | \$ | |
| 5e. Insurance | 5e. \$ | \$ | |
| 5f. Domestic support obligations | 5f. \$ | \$ | |
| 5g. Union dues | 5g. \$ | \$ | |
| 5h. Other deductions. Specify: _____ | 5h. + \$ | + \$ | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ 0.00 | \$ 0.00 | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ | \$ | |
| 8. List all other income regularly received: | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ | \$ | |
| 8b. Interest and dividends | 8b. \$ | \$ | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ | \$ | |
| 8d. Unemployment compensation | 8d. \$ | \$ | |
| 8e. Social Security | 8e. \$ 2,065.00 | \$ | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$ | \$ | |
| 8g. Pension or retirement income | 8g. \$ | \$ | |
| 8h. Other monthly income. Specify: _____ | 8h. + \$ | + \$ | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$ 2,065.00 | \$ 0.00 | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 2,065.00 | \$ 0.00 | = \$ 2,065.00 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | | | |
| | | | 11. + \$ |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies | | | 12. \$ 2,065.00 |
| | | | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | | |
| <input checked="" type="checkbox"/> No. | | | |
| <input type="checkbox"/> Yes. Explain: _____ | | | |

Fill in this information to identify your case:

Debtor 1 MOSES DOLZ
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 23-70022
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

| <input checked="" type="checkbox"/> No | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|---|--|-----------------|-------------------------------|
| <input type="checkbox"/> Yes. Fill out this information for each dependent..... | | | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 800.00

If not included in line 4:

4a. Real estate taxes 4a. \$

4b. Property, homeowner's, or renter's insurance 4b. \$

4c. Home maintenance, repair, and upkeep expenses 4c. \$

4d. Homeowner's association or condominium dues 4d. \$

Debtor 1 **MOSES DOLZ**
First Name Middle Name Last Name

Case number (if known) **23-70022**

| | Your expenses |
|--|----------------------|
| 5. Additional mortgage payments for your residence , such as home equity loans | 5. \$ _____ |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ <u>90.00</u> |
| 6b. Water, sewer, garbage collection | 6b. \$ <u>70.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>50.00</u> |
| 6d. Other. Specify: _____ | 6d. \$ _____ |
| 7. Food and housekeeping supplies | 7. \$ <u>400.00</u> |
| 8. Childcare and children's education costs | 8. \$ _____ |
| 9. Clothing, laundry, and dry cleaning | 9. \$ <u>92.00</u> |
| 10. Personal care products and services | 10. \$ <u>42.00</u> |
| 11. Medical and dental expenses | 11. \$ <u>77.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ <u>200.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>100.00</u> |
| 14. Charitable contributions and religious donations | 14. \$ _____ |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ _____ |
| 15b. Health insurance | 15b. \$ _____ |
| 15c. Vehicle insurance | 15c. \$ <u>79.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. \$ _____ |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$ _____ |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ _____ |
| 17b. Car payments for Vehicle 2 | 17b. \$ _____ |
| 17c. Other. Specify: _____ | 17c. \$ _____ |
| 17d. Other. Specify: _____ | 17d. \$ _____ |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ <u>212.00</u> |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. \$ _____ |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ _____ |
| 20b. Real estate taxes | 20b. \$ _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ _____ |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ _____ |
| 20e. Homeowner's association or condominium dues | 20e. \$ _____ |

Debtor 1

MOSES DOLZ

First Name

Middle Name

Last Name

Case number (if known) 23-70022

21. **Other.** Specify: _____

21. **+\$** _____

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 2,212.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 2,212.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ _____

23b. Copy your monthly expenses from line 22c above.

23b. **-\$** 2,212.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ 0.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: